



data communications

D.O.A. Notification Form

Please complete the following and return to:

Attn : Menachem Levin - Quality Improvement

Fax : 972-3-6481983

Email : menachem_l@rad.co.il

Tel : 972-3-6455124

Customer / Distributor:	
Contact Person:	
Tel:	
Fax:	
E-mail:	
DOA Occurrence Date:	
Product Name:	
Serial No.:	
C/S Letter:	
S/W Version:	
Trouble Occurred:	<input type="checkbox"/> While trying to install <input type="checkbox"/> After _____ days <input type="checkbox"/> During lab/acceptance test <input type="checkbox"/> Other:

Trouble Type:	<input type="checkbox"/> Permanent <input type="checkbox"/> Intermittent <input type="checkbox"/> Won't start <input type="checkbox"/> Network Management <input type="checkbox"/> Can't Configure <input type="checkbox"/> Erroneous operation <input type="checkbox"/> Incompatibility <input type="checkbox"/> Other:
Trouble Details:	
Description of the Application where DOA occurred:	
Installation Environment:	Ambient Temperature: _____ degrees Celsius Other: